

Opioid Prescribing: Chronic Opioid Therapy

Updated: September 17, 2019

Background-Addressing the patient on chronic opioid therapy (COT)

This supplement was developed by the Dr. Robert Bree Collaborative (Bree Collaborative) and the Washington Agency Medical Directors' Group (AMDG) in collaboration with an advisory group of the state's academic pain leaders, pain experts, providers in primary care and specialty areas, addiction medicine experts, and patients. The supplement updates the evidence and aligns best practice recommendations with those from the 2015 AMDG Interagency Guideline on Prescribing Opioids for Pain. The recommendations in this supplement are based on the current best available clinical and scientific evidence from the literature and a consensus of expert opinion and are intended for use in addition to, rather than a replacement of, the guidelines for addressing patients on chronic opioid therapy in the 2015 AMDG guidelines. The overall intent is to improve health outcomes and reduce morbidity and mortality related to the widespread use of opioids for chronic pain.

This supplement is designed to help primary care and other providers managing patients with chronic pain who are receiving chronic opioid therapy. The overall goal is to develop best practice recommendations on patient engagement, assessment, treatment pathways, and health system interventions related to assuring optimal outcomes for patients receiving chronic opioid therapy. Providing appropriate opioid therapy and pain management for patients with chronic pain should be individualized and should focus, in addition to reducing the intensity of pain, on goals of clinically meaningful improvement in function, improved quality of life, and the optimization of patient functional independence. In addition, patient safety and avoidance of serious adverse outcomes are priorities.

Guiding principles for systematically addressing, to the extent possible, every patient on COT should follow those laid out in the vision of the [National Pain Strategy](#):

- Patient-centered, accounting for individual preferences, risks, and social contexts
- Comprehensive, meeting biopsychosocial needs
- Multimodal and integrated, using evidence-based treatments

Primary care providers should follow the 2019 Bree [Collaborative Care for Chronic Pain Report and Recommendations](#) that outline a chronic pain management model within primary care. The model includes a team with care coordination function, multi-modal treatments based in evidence-informed care, and patient-centered supported self-management tools. These components are referenced in the 2015 AMDG Guideline, in the 2016 CDC opioid guideline, and throughout this supplement.

This supplement is organized into:

- Establishing a relationship: patient engagement
- Assessment
- Developing a treatment plan
- Treatment pathways
 - Maintain and monitor
 - Reduce Dosage
 - Transition to Medication Assisted Treatment (MAT)
- Health systems support

Patient Engagement

Every person's experience of pain is unique. The development of a trusting relationship and honest communication between a provider and their patient is foundational to the successful management of an individual's chronic pain, particularly when a change in the treatment plan might be indicated. Taking the time to understand the role chronic pain plays in a person's life and what impacts it has on their work, relationships and social activities is an important part of successful patient engagement and to the development of a trusting relationship. Because each person's circumstance is unique, chronic pain management, should always be individualized.^{1,2}

Additional components of successful patient engagement in chronic pain care include discussing goals of care and preferences, setting expectations, understanding individual patient needs and talking about concerns and fears around pain and around potentially changing treatment.^{3,4,5} The positive effect of goals of care discussions are well-documented and should be considered early.^{6,7,8}

- **Discuss goals of care.** (e.g., *“what are your expectations,” “what do you hope to accomplish,” “what parts of your life are meaningful to you that you may not be able to accomplish right now”*).⁹ Work to understand the social and emotional dynamics that may impact chronic pain management.¹
 - Goals are about things patients want to do (e.g., walk around the block), not what they want to be (e.g., be pain-free)
 - Functional goals should not be about getting other people to do things (e.g., get husband to stop drinking, get spine surgery)
 - Having a goal discussion helps you get to know the patient as a person, demonstrates you care about their individual experience, and provides a basis for future conversations
 - Clarifying “bigger picture”/life goals and short term goals driven by the longer term goals is critical. The short term goals should be specific, measurable, achievable, relevant and time-bound. (SMART). These will prove helpful for reframing conversations and promoting behavior change.
- **Set expectations.** Assure the patient that you will not abandon them, that your **goal is to keep them safe while maximizing function.**^{10,11,12}
 - Unless there has been a recent overdose event or the clear demonstration of patient harm from a patients' chronic opioid use, the first visit, should be used to develop rapport and begin a thorough assessment.
 - Make sure the patient knows who to contact on the care team with questions or concerns.
- **Gain an understanding of the patient's knowledge about pain and medication(s), educate on knowledge gaps.** Discuss how the medications work, side effects, and risks and their diagnoses.¹³ Talk about chronic pain treatment approaches outside of chronic opioid therapy. Discuss any fear or concern around pain, abandonment, stigma, and safety. Understand that fear of pain may be more meaningful to a patient than risk of overdose.¹⁴
- **Respect.** Treat patients with respect and address using a non-judgmental manner.

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- **Involve others.** Ask if the patient's spouse, parents, children or others could be included in any treatment plan. Social support has been shown to be a facilitator to effective chronic pain management.¹² Understand concerns from family including:
 - The patient
 - When is my spouse going to get better?
 - How can I help him?
 - The treatment
 - Are the opioids making him better or worse?
 - How can I tell if he is becoming dependent or addicted?
 - I am worried about having opioids in my house
 - Will he just be more miserable on less opioids?
- **Consistency.** Use consistent messaging from all team members and in all visits.

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